



Frederick County Health Access Program

An Initiative of the Frederick County Health Care Coalition
In Partnership with the Frederick County Health Department

Providing Connections to Care

Ph. 301-788-8592 FAX 866-430-9751

www.co.frederick.md.us/healthaccess

REFERRAL REQUEST

*Please note that FCHAP patients will be referred to physicians who participate in Frederick County Health Access Program
(PLEASE PRINT)

Referring Physician _____ **Specialty** _____

Practice Name _____

Contact Person _____

Phone _____ **FAX** _____

Patient Name _____

FCHAP ID# _____

Refer to (specialty) _____

Level of Urgency ASAP _____ <2 weeks _____ 2-4 weeks _____ When possible _____

Other _____

Diagnosis _____

Reason for Referral _____

Procedure Requested _____

Exam Requested _____

Physicians Signature _____ *Date* _____

Physician's Name _____